

April 27, 2004

Montana Medicaid Notice Physician and Hospital Providers

Medicaid Observation Bed Criteria		
	Criteria	Codes
1.	Bill Type 13X	
2.	You must bill both G0244 and an emergency room, clinic or critical care visit to be reimbursed for observation, in addition to the observation services, (99217-99220 and 99234-99236) with revenue code 762.	
3.	Code G0263 must be billed with G0244 for direct admissions. G0263 is packaged but takes the place of an emergency department, clinic or critical care visit. Use modifier 25 with G0263 to receive payment for G0244.	
4.	Bill code G0264 when the observation does not meet criteria for G0244. This will pay APC 0600. Do NOT bill with G0244.	
5.	G0263 and G0264 should be billed with revenue code 762 in addition to billing the observation services (99217-99220 and 99234-99236) with revenue code 762.	
6.	More than one non-overlapping observation meeting observation criteria is allowed on a single claim and each is paid separately. If there are multiple observations with the same Dx, test must be performed separately for each observation. However, if there are multiple observations for different Dx, the tests may be 're-used' and not performed more than required for the one Dx.	
7.	Observation not paid for surgical procedure or any status 'T' the day before or day of observation	
8.	Certain Dx must be present as primary or secondary Dx for Chest Pain, Asthma or Congestive Heart Failure	391.8, 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 428.0, 428.1, 428.9, 493.01, 493.02, 493.11, 493.12, 493.21, 493.22, 493.91, 493.92, 786.05, 786.5, 786.51, 786.52, 786.59
9.	Certain Dx must be present as primary or secondary Dx for Obstetric Complications	644.10, 644.13, 630, 631, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53, 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.20, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13,

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10.	Emergency dept visit (APC 610, 611, or 612), a clinic visit (APC 600, 601, 602) or critical care visit (APC 620) must be present for each separate observation. Must be present day before or day of observation visit.	G0101, G0175, 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99271, 99272, 99273, 99274, 99275, 99281, 99282, 99283, 99284, 99285, 99291
11.	Both the E/M code and the observation are paid separately if observation criteria are met. If not met, the observation services are packaged.	
12.	E/M visit must be billed with modifier 25 if it has the same date of service as the observation code G0244.	
13.	Dx edits	
	Chest Pain: at least two sets of cardiac enzymes, two CPK (82550, 82552, or 82553) or two troponin (84484 or 84512) AND two sequential electrocardiograms (93005)	(82550 or 82552 or 82553) OR (84484 or 84512) AND 93005
	Asthma: a peak expiratory flow rate (94010) OR pulse oximetry (94760 or 94761)	94010 OR (94760 or 94761)
	Congestive Heart Failure: a chest x-ray (71010, or 71020 or 71030) AND an electrocardiogram (93005) AND pulse oximetry (94760 or 94761)	(71010, or 71020 or 71030) AND 93005 AND (94760 or 94761)
	Obstetric Complications: Observation/hospital care same date (99234, 99235 or 99236)	(99234 or 99235 or 99236)
14.	Observation may be billed for 8-48 hours. However, anything under 8 or over 48 will be bundled, where the hours 8-24 are considered for payment. If a period spans more than one calendar day, all the hours for the entire period of observation must be included on a single line and the date of service for that line is the date the patient is admitted to observation.	
15.	Observation Room revenue codes within the 76X series require a physician order, or an "order by another individual authorized by State licensure law and hospital staff bylaws to admit patients to the hospital. This order must be in the patient file. Records will be periodically reviewed.	

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958

Visit the Provider Information website:

<http://www.mtmedicaid.org>

ACS

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